

**WASHINGTON STATE BOARD OF PHARMACY
PHARMACY TECHNICIAN SPECIALIZED FUNCTION
PROGRAM REVIEW FORM**

For Review by Applicant and Board
WAC 246-901

Date: _____

Pharmacist Applicant: _____

Practice Site, Address & Phone: _____

	YES	NO	UNCLEAR
Program identifies pharmacy technicians who meet criteria for participation.			
Responsible pharmacist signed the program proposal.			
Training program is at least 8 hours and specifies the following categories. <ul style="list-style-type: none"> a. Basic skills in health system pharmacy, including goals and requirements of unit-dose medication systems. b. Common medication errors and prevention strategies. c. Mathematical calculations and medical abbreviations. d. Drug product selection policies and safeguards. e. A comprehensive examination. 			
The validation process for individual performance of unit-dose medication checking includes: <ul style="list-style-type: none"> a. 1500 doses at several intervals. b. Pharmacist supervision. c. 99% accuracy for success. 			
The quality assurance program will annually audit the specialized skills of technicians: <ul style="list-style-type: none"> a. Random audits of checking accuracy audits performed by licensed pharmacist. b. Retention of audit forms and incident reports related to pharmacy technician medication checking. 			
Includes forms used in training, validation and audits.			
Utilization plan for specialized pharmacy technician functions.			

Comments: _____

FOR STAFF USE ONLY

Renewal _____ New _____ Reviewer: _____ Renew by: _____

Staff Recommendation: Acceptance _____ Revision Needed _____ Board Agenda _____

revtec

Revised 3/25/2003